



3845 Frank Kenny Road  
Navan, Ontario, K4B 1H9  
(613) 835-2237

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**PERSONAL INFORMATION – MINOR CHILD**

**RIDER**

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ (if junior)

Parents/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ *\*\* Important: Communication will be done primarily through email. If this is a problem inform us.*

Tel: \_\_\_\_\_ (home) \_\_\_\_\_ (bus.)

Known medical problems: \_\_\_\_\_

Under any medication: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ (home) \_\_\_\_\_ (bus.)

Doctor: \_\_\_\_\_

Tel.: \_\_\_\_\_ Hospital: \_\_\_\_\_

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**ALL RIDERS WILL BE REQUIRED TO PAY IN FULL ANY LESSON NOT CANCELLED 48 HOURS IN ADVANCE.**

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**How did you hear about Centaur Riding School?**

\_\_\_\_\_

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## ACCEPTANCE OF RISK FORM

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**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES.**

**PLEASE READ CAREFULLY.**

**AGREEMENT FOR ACCEPTANCE FO RISK AND WAIVER OF LIABILITY  
FOR A MINOR CHILD.**

I request permission for my child \_\_\_\_\_ to participate in horseback riding and other equestrian related activities at or in Centaur Riding School.

I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I wish to allow my child to participate in these activities knowing that they are dangerous.

I accept and assume all risk of injury (including death) to my child or property. I represent and warrant that I have authority to give this release.

In exchange for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make any claims against Shirley Guertin-Cook, Michael Cook, Centaur Riding School or officials, servants, employees, representatives, officers, and/or directors for any injury (including death), to my child or any damage to my property, arising out of my child's participation in these dangerous horseback riding or related activities.

I acknowledge as parent/guardian of \_\_\_\_\_ that I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding upon my executors, heirs, and assigns.

I acknowledge as parent/guardian of \_\_\_\_\_ that it is my responsibility to ensure protective headgear is worn by \_\_\_\_\_ while mounted. This headgear should be secured with a safety harness permanently affixed to the helmet. The harness should be secured and properly fitted. It has been recommended to me that the protective headgear meet the A.S.T.M. (American Society for Testing Materials) standards and display the SEI (Safety Equipment Institute) seal (according to the law of the province of Ontario.).

Centaur Riding School, its employees and/or representatives make no representation or warranty expressed or implied about any protective headgear and cautions riders that serious injury and death may result despite wearing such headgear as all equestrian sports involve inherent risk and that no protective helmet can protect against all foreseeable injury.

**I ACKNOWLEDGE HAVING READ THE ABOVE RELEASE OF LIABILITY IN ITS ENTIRETY PRIOR TO SIGNING THIS FORM.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Child's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Witness' Name (printed)

\_\_\_\_\_  
Witness' Signature